Health Surveys User Group Meeting Agenda Department of State Health Services 1100 West 49th Street, T-607 Austin, TX 78756 July 20, 2006 10:30 a.m. to 2:30 p.m.

1. Welcome and Comments (includes sign in sheet)

2. Introductions

In Attendance:

Centers for Health Statistics: Norma McNab, Michelle Cook, Rebecca Wood, Anna Vincent Health Promotion: Susan Ristine (Arthritis), Tino Moreno (Asthma), Weihua Li (Cardiovascular

Disease), Glenna Stewart, Kristy Hansen (Obesity Prevention)

Chronic Disease Prevention: Barbara Keir San Antonio STEPS: Richard Jackson Tarrant County: Anita Kurian, Kathy Dolan UT HSCH SPH: Bill Spears, David Smith

Primary Care: Kate Martin

Infectious Disease Control: Gary Heseltine

Office for Elimination of Health Disparities: Shipra Mandal

WIC: Isabel Clark

Public Health Region 9/10: Robert Garcia

HIV/AIDS: Jennifer Chase

On the Phone:

UT SPH at El Paso: Victor Cardenas, MD

Center for Border Health Research: Jon Law, Suzie Focht

Public Health Region 9/10: Yuri Orozco

3. Program Updates

a. HSUG Chairs/Facilitator

Michelle Cook questioned the group that previously there were HSUG Co-Chairs and a Facilitator for the group and wanted input if we still wanted to have that set-up. The consensus seemed to be that those who knew the most about the topic and what was happening in the BRFSS should run it (meaning, the Community Assessment Team).

b. Texas BRFSS website (2005 state data available)

Michelle Cook announced that the 2005 state data are available on the Center for Health Statistics website and that the US data will be posted shortly.

c. Advance letter notifications (2005 pilot)

Michelle Cook briefly discussed that in the Fall 2005, Texas participated in an advance letter notification pilot where English advance letters, Spanish translated advance letters, and customized Spanish letters were sent to listed households to see if the customized Spanish letters would increase response rates in the Spanish-speaking populations. They did not.

d. 2006 BRFSS Conference

David Smith, Rebecca Wood, and Anita Kurian recapped the 2006 BRFSS Conference in Palm Springs, CA.

e. Site visit to Macro

Rebecca Wood discussed her site visit to ORC Macro (our current contractor) in Tucson, AZ.

f. Core Questionnaire changes

Michelle Cook talked about the following changes that have taken place in the core questionnaire:

- Immunizations added two questions to the core on Hepatitis B vaccinations. Since one of these questions overlapped the HIV/AIDS at-risk question, HIV/AIDS removed their at-risk question and is now asking a question on rapid testing.
- Veteran's Status is now a part of the Demographics section.
- The Falls section is still two questions, but the questions were reworded.
- The Drinking and Driving question was moved out of the Alcohol Consumption Section.

4. 2006 BRFSS Questionnaire

a. Sampling Design

Michelle Cook talked about the current sampling design, which included eight geographic oversamples (Houston, Dallas, Ft. Worth, Austin, San Antonio, El Paso, Lubbock, and Tyler), and three African American oversamples in Houston, Dallas, and Ft. Worth. There was a discussion concerning how the African American oversamples occurred, but nobody was quite sure of the reasoning behind it. Somebody asked if this will continue into 2007 and Michelle said that was up for discussion.

- b. Progress to Date (February-May): 2,590
- c. Survey Length: ~20 minutes

d. Response Rates

Michelle Cook showed some slides on the current response rates, cooperation rates, and refusal rates by each stratum showing the differences between areas. She mentioned that she is talking to ORC Macro concerning these problems.

5. 2007 BRFSS Questionnaire Planning

- a. Funding
 - i. CDC grant

Michelle Cook stated that we received the \$156,000 we requested from CDC, but would need to at least double that to keep our current sample size.

ii. Mental Illness and Stigma

We applied to receive CDC supplemental funds for the Mental Illness and Stigma module, but did not even receive half of what was requested (~\$10,000). In order to fully implement the module, we would need to have \$25,000.

iii. Vision

We also requested supplemental funding from the Chronic Disease Directors to add the Vision Module to the survey to continue our surveillance of these measures. We should be receiving \$10,000-\$11,000 for this.

b. Sampling Design

The first schematic Michelle presented was to increase the sample sizes in five large rural geographic areas. She thought this could be beneficial to the regions who seem to need BRFSS-related information for their programs, but this could also increase our response rates since they tend to be slightly higher in most non-metro areas. One concern Michelle mentioned was that Texas has consistently had lower overall response rates than what CDC would like. Another issue that was brought up was that when combining years of data, is/would the data be re-weighted?

Michelle also brought up the idea of shortening the survey so that those questions that are at the end of the survey would have a higher number of respondents since many respondents get tired of being on the phone. One way this would be possible is to do a split-sample survey. David Smith did not like this idea since bivariate analyses could not be done between surveys and there would be a smaller sample size in local areas. Anita Kurian mentioned that she saw a presentation at the BRFSS conference that looked at this and there was a huge difference among the demographics of those who quit the survey.

Kathy Martin brought up the need for data on Asian Americans and asked whether or not an oversample could occur. Michelle mentioned that it would be difficult since we would have to have the survey in different languages and it would be pretty expensive.

To Do:

- 1. Look at non-response bias by analyzing the demographic data of those who quit the survey. How does this compare to other states? Will have this available mid-September.
- 2. Does Texas start with a Spanish-speaking interviewer if the household is expected to be Spanish? Yes
- 3. Investigate doing an Asian American oversample and see how much it may cost: Our current contractor has the ability to do this and has done it in the past. I have discussed this with Dr. Beverly Gor from MD Anderson's Center for Research on Minority Health and Ms. Susan Fifer from the Network of Asian American Organizations. I will make what information I have collected mid-September.

- c. Pricing Guidelines (need to have an idea of sampling plan)
- d. Timeline
 - i. Proposal deadline in September?

Early Fall 2006: Four Pretest Questions September 22nd: 2007 Proposals Due October 12th: HSUG Meeting

October 15th: Sampling Plan Due to CDC Mid-November: Have finalized questionnaire

December: Invoices sent out

6. 2006 Asthma Call-Back Survey

Michelle discussed the methodology behind the Asthma Call-Back Survey and is working with ORC Macro to improve response rates for this survey.

To do: Report back what is being done on this survey. Through some discussions with ORC Macro concerning the Asthma Call-Back Survey, it was brought to my attention that the Spanish version of this survey was not being conducted out of Tucson, AZ because it would be more efficient to call on this sample out of St. Albans, VT. For August, these versions of the survey were moved to Tucson for both Arizona and Texas. In addition, Michelle requested to add a variable to see where the calling of the sample is occurring from for both BRFSS and the Asthma Call-Back Survey.

7. Assignments/Action Items

- a. Needed follow up from above agenda items
- b. Proposed agenda items for next meeting
 - i. 2007 Questionnaire Proposals
 - ii. HSUG Co-Chairs / Facilitator
 - iii. CDC Project Officer
- c. Tentative meeting dates
 - i. Best day of week?
 - ii. October 12?
- 8. Adjourn